DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CARING RESIDENTIAL LIVING CENTER (0009181) Address: 10453 W FAIRMOUNT AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 03/08/2001

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey	History

Survey ID: 0097167 End Date: 05/04/2006 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009158 Served 06/16/2006

Deficiencies Cited	Subject Area	<u>Veri fied</u>	Corrected
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		

Compliance

88.04(5)(b) TRAINING-8 HOURS ANNUALLY 88.06(2)(a) ADMISSION-HEALTH EXAM

88.06(3)(f) REVIEW OF ISP

88.09(2)(a) SERVICE PROVIDER RECORD

88.10(3)(p) PROMPT AND ADEQUATE TREATMENT

Survey ID: 0090784 End Date: 08/08/2003 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 06/14/2006 SOD #10009158 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 08/01/2003 Date Investigation Completed: 08/11/2003

Subject Area(s) Result SOD #

SUPERVISION NOT SUBSTANTIATED